

Education & Prevention

The OA collaborates with LHJs, community-based organizations, service providers, advocacy organizations, universities, and other state and federal agencies to develop and implement focused HIV education and prevention programs. The primary goals of these programs are to prevent HIV transmission; change individual attitudes about HIV and risk behaviors; promote the development of risk-reduction skills; and change community norms that may sanction unsafe sexual and drug-taking behaviors.

Statewide Community Planning Process

In 2001, the CHPG was restructured to address education and prevention issues statewide. Care services issues, previously addressed by the CHPG, became part of a new comprehensive planning process that the HIV Care Branch initiated in 2001 (see the Care and Treatment chapter of this report for more information). The CHPG is composed of people living with HIV/AIDS, community advocates, public health officials, and representatives from communities of color. In 2001, CHPG formed task forces to focus on the following areas: rapid HIV testing, hepatitis C, prevention for positives, MSM, resource allocation, and the draft *California HIV Prevention Plan*. The draft Plan will be used as a blueprint for implementing local and prevention programs. In collaboration with the UARP and the OA, the CHPG focused evaluation efforts on support for community planning at the local level.

Local HIV Prevention Community Planning

Local Implementation Groups, composed of advocates from the communities served, representatives from community-based organizations, and LHJ staff, have strengthened the partnership and collaboration between the public and private HIV/AIDS sectors. Each planning group has developed a local HIV prevention plan for implementing local HIV education and prevention programs. OA staff provides technical assistance, guidance, and timelines for implementing and assessing the HIV prevention plans and measuring the progress of local planning groups. Local planning groups also generate the data on which education and prevention program funding decisions are based at the local level.

HIV Education and Prevention Program Funding

Based on priorities identified in the draft statewide *California HIV Prevention Plan* and HIV Prevention Community Plans, the OA allocated HIV education and prevention funds to all 61 LHJs in California. Of the 61 LHJs,

five northern California counties have formed two separate local implementation groups. Local implementation groups are composed of representatives from LHJs, community-based organizations, and affected or HIV-infected members of the community they serve. The following target populations were identified for local community planning: substance users and their sex partners, gay and bisexual men of all ages and ethnicities, sex industry workers, youth and adolescents, people of color, and transgender individuals.

In FY 2001/02, budget constraints resulted in a \$2 million reduction in funding for this program, decreasing the total program allocation to \$18 million. Subsequently, each local health jurisdiction received a 10% reduction to their annual allocation.

California AIDS Prevention Campaign

The California AIDS Prevention Campaign, the HIV prevention multicultural public information campaign of the OA, supports the work of the Education and Prevention Services Branch, and complements local and national HIV prevention efforts. Similar to previous years, the campaign's focus was to encourage sexually active adolescents and young adults to adopt safer sex behaviors and encourage individuals at greatest risk for contracting HIV (men who have sex with men [MSM] and their female partners, and IDUs and their partners) to seek HIV counseling and testing.

Building upon previous successful public relations and community marketing activities, the 2001 campaign introduced several new HIV prevention strategies. The campaign continues to raise awareness of HIV/AIDS prevention issues in California and is designed to be responsive to the needs of multi-ethnic audiences, particularly African American and Latino communities where HIV infection rates are disproportionately high. The campaign uses a peer education approach featuring Californians affected by HIV/AIDS delivering personal messages about HIV prevention. To enhance the effect of media, messages and outreach materials incorporate the state-funded multi-language California AIDS Hotline number (1-800-367-AIDS). Highlights of the California AIDS Prevention Campaign for 2001 include:

African American Church Outreach Program

In its second year, the African American Church Outreach program featured the launch of the revised and updated

Education & Prevention

Healing Begins Here: A Pastor's Guidebook for HIV/AIDS Ministry through the Church. The new version of the guidebook included updated information about the impact of HIV and AIDS on the African American community, suggestions and biblical references for incorporating compassion and prevention messages into sermons and ministries, testimonials of African Americans living with AIDS, and new supplements that address the HIV testing process as well as information to help churches begin or enhance AIDS ministries. All materials were developed in collaboration with the statewide church advisory board to ensure acceptability in the church environment.

Through December 2001, *Healing Begins Here* was distributed to nearly 3,000 religious and public health leaders, reflecting the efforts of a partnership between the OA and African American Church leaders from across the state. In June 2001, the guidebook was introduced in Northern California through a ministry training program sponsored by Ark of Refuge Ministries. The program and guidebook have received statewide, national, and international media attention, as well as national recognition, receiving an Association of State and Territorial Health Officers Vision Award in 2001. To ensure the widest possible access, the guidebook is posted on several websites including the Multicultural AIDS Resource Center of California website at <http://www.marcconline.org> and the Ark of Refuge website at <http://www.arkofrefuge.org>.

Additionally in 2001, in support of the guidebook, the OA developed a companion "quiz card" outreach tool for distribution to church members to encourage discussion of HIV prevention. The OA will complete follow-up evaluations for the program in 2002.

Spanish Language HIV Prevention Fotonovela

The OA developed a new Spanish language fotonovela to help spark a dialogue and provide much needed information for people in the Latino community who are at risk for HIV

infection. Fotonovelas have been identified as useful intervention tools to reach the broader Latino community, including non-gay identified MSM. Targeting sexually active young Latinos ages 18-34, this fotonovela was developed via a thorough research and community review process and reflects the messages and images identified by community members to best address HIV awareness and prevention needs. Over 230,000 copies of the fotonovela were distributed in August 2001 as an insert in five Spanish language newspapers across California, including *La Opinión*, the largest Spanish language newspaper in the country. In addition, 20,000 overruns were made available through the California AIDS Clearinghouse for AIDS service organizations serving Latino community members.

Latino HIV Prevention Lowrider Campaign

The Lowrider Campaign targeting at-risk Latino youth was launched in April 2000 and continued through June 2001. The campaign featured a restored and customized 1953 Chevy Bel Air that served as a "moving billboard," painted with original artwork and HIV prevention messages in English and Spanish. A Modesto-based lowrider group donated the use of the vehicle, provided oversight for its restoration, and was instrumental in securing donations for many of the accessories. In 2001, the car

traveled to three cultural events targeting Latinos in Northern, Southern, and Central California. Over 700,000 people attended the three events, potentially reaching tens of thousands of Latinos at risk for HIV infection. Local community-based AIDS service organizations were invited to provide outreach and educational services in conjunction with each event, promoting HIV prevention messages in English and Spanish.

"Rap It Up" Safer Sex Rap Writing Contest and Radio Promotion

For the third year, the OA worked with radio stations and retailers in two major urban markets in California to construct an innovative radio promotion. The promotion was designed



Education & Prevention

to raise awareness and acceptability of condom use, and encourage listeners to call the California AIDS Hotline for more information about safer sex and HIV counseling and testing. The spring/summer 2001 promotion targeted sexually active adolescents and young adults ages 15-25, particularly African American and Latino youth.

The promotion capitalized on the disc jockey's credibility as a prevention messenger, and offered opportunities for radio listeners to enter a safer sex rap writing contest for prizes ranging from a studio recording opportunity to cash prizes of up to \$1,000. The 2001 promotion delivered more than 12 million gross impressions, effectively reaching large numbers of at-risk African American and Latino youth. Nearly 400 rap entries were received. The promotion also collaborated with a retail music partner that had over 150 outlets in both Northern and Southern California. In addition, the promotion included radio spots, live remotes, appearances at summer concerts and festivals, website hyperlinks, in-studio interviews, public service announcements, and promotional merchandise. The OA received over \$7.00 in value for every dollar of purchased on-air radio time.

HIV Prevention Calling Card Campaign

The HIV Prevention Calling Card Campaign, targeting individuals at greatest risk for contracting HIV, was significantly expanded in 2001. In response to program evaluations, the OA produced a new bilingual English/Spanish card targeting youth with artwork and messages designed, selected, and focus tested with youth at several youth drop-in centers. Initially, 12,000 cards were distributed to 11 youth drop-in center programs across the state. Additionally, several hundred thousand new cards were distributed to over 125 LHJs or community-based organizations in California for use as outreach and incentive tools for HIV prevention, education, and counseling and testing services. The cards were produced in four designs with empowering messages such as "Respect Yourself, Protect Yourself" and on the bilingual Spanish/English card, "Tu Vida Cuenta" ("Your Life Matters"). Prior to accessing calling time, calling card users hear one of several 15-second HIV/AIDS prevention messages.

Additional Media Activities

Other public and media relations activities included promoting OA programs and services utilizing milestone events such as the 20th Anniversary of AIDS in June 2001, World AIDS Day, and National HIV Testing Day; community

marketing materials including lottery style educational scratcher and outreach cards, counter displays, posters; and technical assistance to LHJs and community-based organizations in social marketing and media relations.

Local HIV Prevention Social Marketing Efforts

The use of social marketing provides an effective planning tool for implementing and evaluating interventions created and tested for a specific target audience. In 2001, funding was continued for seven LHJs participating in a three-year social marketing campaign. As part of the campaign, each LHJ implemented an integrated set of HIV prevention activities targeting high-risk populations to reach specific behavioral goals. The primary strategies defined in localized social marketing plans include outreach, workshops, coalition building, community mobilization, media advocacy, public relations, advertising, and materials development. This approach follows the trend of local community planning and outreach efforts that emphasize targeted local strategies for high-risk individuals, and adds flexibility to develop specific products and/or services to reach those at greatest risk for contracting HIV.

HIV Counseling and Testing Program

The HIV Counseling and Testing Program provides anonymous and/or confidential HIV counseling and testing services to Californians with perceived risk for HIV. In FY 2001/02, the HIV Counseling and Testing Program provided approximately \$8 million in state and federal funds to 61 LHJs, rural primary care clinics, and Indian health clinics.

Both anonymous and confidential HIV counseling and testing services provide client-focused prevention counseling and assessment of client needs regarding:

- HIV transmission;
- Personal risk behaviors;
- Risk-reduction planning; and
- Referral to other services.

Risk information collected during the counseling session is used as a basis for data collection, program development, and program reimbursement. Client counseling and testing services are voluntary and free to clients.

Rapid Testing

A rapid test for detecting HIV antibodies is a screening test that produces very quick results, usually in less than 30 minutes. In comparison, results from enzyme immunoassays currently used for HIV screening often are not available for one to two weeks. Algorithms of two or more rapid tests that have a combined sensitivity and specificity comparable to our current standard, may enable health care providers to supply definitive negative and confirmed positive results to patients at the time of testing. This could increase the overall effectiveness of counseling and testing by increasing the number of clients who receive their test results. In 2000, the OA was awarded a three-year grant from the CDC to conduct operations research on rapid testing for HIV in minority populations. The project will involve collaboration with several LHJs that serve high-risk clients in California. Goals of the research include:

- Developing, implementing, and evaluating protocols for the delivery of HIV services in a rapid-testing environment;
- Investigating differences between return rates, testing rates, and effectiveness of counseling strategies under rapid testing versus standard testing protocols; and
- Evaluating client, counselor, and administrator reactions to new protocols.

In 2001, following legislative action that removed barriers to implementing rapid testing, the OA finalized project protocols and submitted them to appropriate institutional review boards. Implementation of the rapid testing research at designated sites will begin following approvals from the necessary review boards. Results from this project will help determine the potential for implementing rapid testing and counseling services throughout California.

HIV Post-Exposure Prophylaxis

In response to statewide disparities in sexual assault services, the OA, in collaboration with the San Francisco Department of Public Health, developed HIV post-exposure prophylaxis (PEP) guidelines for California. These guidelines provide information and support to providers of sexual assault treatment so that HIV PEP can be integrated into the medical care offered to sexual assault survivors uniformly throughout the state. This development process included surveying each county to determine the local policy on PEP

after sexual assault; reviewing data on the rate of HIV among convicted sex offenders; conducting a literature and research review related to HIV PEP after occupational or non-occupational exposure; and convening a panel of experts knowledgeable about the issues involved in PEP after sexual assault to formulate appropriate guidelines.

In 2001, the *Offering HIV Prophylaxis Following Sexual Assault - Recommendations for the State of California* were distributed to county health officers, county HIV/AIDS directors, members of the PEP advisory panel, and all California county post-sexual assault treatment providers/hospitals. The guidelines are also available on the OA website at <http://www.dhs.ca.gov/aids/Reports/SexualAssault/>.

Community Health Outreach Worker Training

The OA contracts with the Institute for Community Health Outreach (ICHO) to train community health outreach workers (CHOWs) for OA education and prevention contractors. CHOWs provide health education services to high-risk populations such as IDUs, their sexual partners, and high-risk youth. The ICHO training methods have become an international model for outreach intervention.

To meet community needs, the ICHO continually expands the scope of its training, developing innovative health education strategies for outreach to MSM, women of childbearing age, sex industry workers, injection and non-injection drug users, runaways, gang members, the homeless, migrant workers, transgender individuals, and communities of color. All ICHO trainings emphasize multi-cultural competence in serving clients of different sexual orientations and racial/ethnic origins. Training is also offered for experienced CHOWs and for supervisors and administrators of outreach programs.

HIV Prevention Counselor Training

The goal of the HIV Prevention Counselor Training program is to ensure a uniform, high standard of service at all OA-funded HIV counseling and testing sites. The training curriculum helps prevention counselors gain the necessary skills to provide consistent assessment, effective intervention, and appropriate referral services for at-risk clients. The HIV Prevention Counselor Training is a seven-day course delivered in two separate trainings, Basic I and Basic II.

Education & Prevention

The Basic I is a five-day training that includes an introduction to client-centered counseling skills relating to risk assessment, risk reduction, counseling guidelines, and cultural issues. Basic HIV/AIDS information, California AIDS laws, HIV testing procedures, and HIV epidemiology are also included. The Basic II is a two-day training that focuses on enhancing client risk assessment skills and emphasizes behavior change models, risk reduction planning, and secondary risk factors for HIV infection (e.g., social, cultural, economic, psychological).

Successful completion of both trainings authorizes an HIV Prevention Counselor to provide HIV prevention counseling services. All counselors annually participate in Continuing Education Training (CET) in order to maintain eligibility as an HIV Prevention Counselor. The one-day CET class addresses various topics designed to enhance specific skills of experienced counselors.

Outreach to High-Risk Groups

The Neighborhood Interventions Geared to High-Risk Testing (NIGHT) Outreach program provides services in 21 LHJs and targets individuals at highest risk for contracting HIV. Outreach services are provided to at-risk populations in venues where they congregate (e.g., streets, bars, parks, homeless shelters) and outreach staff are typically former members of the at-risk population. Street outreach workers use one-on-one interaction to establish rapport, with the goal of increasing HIV counseling, testing, and referrals for social services and follow-up services.

Mobile HIV testing clinics are used in seven of the LHJs to facilitate testing in street outreach venues, primarily in areas where there is rapid emergence of new HIV outbreaks. These large mobile health clinics also offer STD and TB screenings. Twelve other LHJs use smaller vans for HIV counseling in outreach settings. The smaller vans provide a safe, private, confidential setting where counseling can occur.

The OA, HIV Prevention Research and Evaluation Section is currently evaluating the NIGHT program. This evaluation will include both process and behavioral outcome measures to assess program effectiveness.

Prevention of Perinatal Transmission of HIV Project

The HIV Education and Prevention Services Branch, in collaboration with the HIV/AIDS Epidemiology Branch and Stanford University, has developed a perinatal project to

increase the level of HIV education, counseling, and testing offered to pregnant women in California. In order to develop and assess an array of sociodemographically-diverse interventions, the state- and federally-funded project will involve a two-tiered strategy of needs assessment, followed by targeted perinatal services. Perinatal prevention assessment and services will be targeted to five California counties (Alameda, Los Angeles, Sacramento, San Diego, and San Joaquin) that are composed of diverse socioeconomic and racial and ethnic populations.

The project will identify populations with access to care issues, develop cultural and socially appropriate interventions, and disseminate and evaluate these interventions. It will primarily be integrated into existing population-based active surveillance. The project will include focus groups and surveys of women who attend state-funded nutritional supplementation clinics, women in correctional facilities, female clients of substance abuse treatment centers, women in alternative high school educational programs, and prenatal care providers. Materials developed will be designed to enhance the efforts of health and service providers to achieve the goal of offering HIV counseling and voluntary testing to all pregnant women. Local activities will be accomplished through program outreach staff.

High-Risk Initiatives

In 2001, the OA continued second year funding for the three-year High-Risk Initiative targeting four populations: MSM, women, people of color, and high-risk youth. Initial awards were made to numerous counties throughout the state in 2000. Upon completion of the three-year Initiative, all projects will be evaluated by the OA in collaboration with the UARP. The High-Risk Initiative is unique in its support of collaboration between researchers and county health departments on the design and implementation of prevention evaluation research, ensuring scientifically sound evaluations that are applicable in community settings. Details of each Initiative are as follows:

Men Who Have Sex With Men

MSM still account for the majority of AIDS cases statewide, with an increase in reported cases among African Americans and Latinos. A general shift away from “safer sex” practices has been reported among HIV-infected MSM. In 2001 the OA continued funding 11 jurisdictions (Alameda, Berkeley, Butte, Fresno, Long Beach, Los Angeles, Orange, San Diego, Santa Clara, Solano, and Sonoma) for projects serving

Education & Prevention

high-risk MSM. These projects primarily target MSM of color who are HIV-negative or HIV serostatus unknown and are at high risk for contracting HIV. Group level clinical interventions will help MSM evaluate their personal risk for HIV infection, generate group norms supportive of safer behaviors, and provide information, skills, and feedback on behavior outcomes. Clinical interventions in each jurisdiction are delivered in small group sessions in a variety of settings including health care establishments, worksites, and drug treatment centers.

Women and People of Color

People of color and women, especially women of color, are among the fastest growing populations of people with AIDS in California. This initiative sought qualified LHJs to work with community-based organizations to develop, expand, and implement HIV primary prevention interventions for women and people of color at high risk for HIV infection. In 2001, with state funding, the OA continued grants to Humboldt, Orange, San Diego, and Santa Clara Counties for projects that target high-risk women and their sex and needle-sharing partners. High-risk People of Color Projects, funded in 2001, include the City of Berkeley and the counties of Alameda, Sacramento, and Sonoma.

Additional federal funding received from the CDC continued the funding of eight additional jurisdictions: Alameda, Imperial, San Luis Obispo Counties (women's projects), Humboldt, Santa Clara, San Diego, San Joaquin, and San Luis Obispo Counties (people of color projects).

Youth

The counties of Fresno, Humboldt, Imperial, Mendocino, Orange, San Diego, San Luis Obispo, Santa Clara, Santa Cruz, and Shasta were funded to operate youth drop-in centers at 15 locations. A drop-in center is a small, storefront-style building located on an active pedestrian

thoroughfare, near public transportation. Its purpose is to provide prevention services in a private and comfortable setting to low-income youth at high risk for HIV infection. A drop-in center is a neutral space where positive health maintenance is the primary objective.

Each county health department collaborates with at least one community-based organization with the capacity and programmatic expertise to provide risk reduction and prevention services to high-risk youth between the ages of 12 and 24. The OA provides technical assistance to these projects and facilitates collaboration between the counties.

Partner Counseling and Referral Services (PCRS)

The OA PCRS program has been fully implemented since FY 1998/99. Through this program, PCRS counselors help clients learn how to disclose their HIV status to their partners in a productive and sensitive manner and teach clients how to encourage their partners to seek HIV counseling, testing, and PCRS services.

The OA contracts with the STD/HIV Prevention Training Center to provide PCRS training to local STD and HIV prevention staff. In 2001, a total of 11 two- and three-day PCRS trainings were given to 122 HIV and STD program

staff, case managers, and nurses. The PCRS trainers provide technical assistance, conduct site visits with state consultants, and contact training participants after the course to enhance the training experience.

The PCRS program is available in 12 LHJs. During calendar year 2001, a total of 515 HIV-positive clients were offered PCRS. Data analysis from these sessions showed that:

- Clients accepting PCRS designated a total of 173 partners for services. The average number of partners designated per client was 1.2 and ranged from 0 to 15, with a majority (77%) designating only one partner for PCRS;

**Funds totaling \$1,925,000 annually
were awarded to select counties
to provide prevention services in
a private and comfortable setting
for low-income youth who are at
high-risk for HIV infection.**

Education & Prevention

- Approximately 29% of clients chose to access PCRS while another 44% were willing to consider the services;
- Approximately 35% of partner notifications were conducted by the PCRS counselor singularly or in conjunction with the client; and
- Over half of the located partners (n=23) chose to be tested through PCRS and 17% were determined to be HIV infected, learning of their HIV-positive status for the first time; six already knew they were HIV-positive; three indicated that they had recently received counseling and testing; and two chose not to test.
- Continue behavioral, epidemiologic, and surveillance activities associated with the target population; and
- Reduce recidivism among the target populations.

The Corrections Initiative is a collaborative of the OA; the City and County of San Francisco; Los Angeles County; the California Department of Corrections Peer Education, Parole and Transitional Case Management programs; the California STD/HIV Prevention Training Center; and Centerforce (a community-based organization).

In 2001, services were provided to local jail facilities in the City and County of San Francisco. The San Francisco program is a collaboration with Continuum HIV Day Services, Haight Ashbury Free Medical Clinics, Forensic AIDS Project, and the UCSF Positive Health Program. The San Francisco program provides HIV-infected, high-risk HIV-negative, and unknown serostatus inmates with transitional case management, peer advocacy, and substance use counseling. Upon their release, they are provided with money management, housing services, and HIV/STD prevention services.

In Los Angeles County, the Office of AIDS Programs and Policy coordinates its efforts with the Los Angeles County Sheriff's Department and three community-based organizations: Tarzana Treatment Center, Minority AIDS Project, and JWCH, Inc. The Los Angeles Project provides a continuum of care through pre/post release transitional case management, including linkages to medical services and other social support (i.e., mental health, substance abuse, housing, public benefits) for HIV-positive inmates who are making a transition back to their communities.

Centerforce works collaboratively with the California Department of Corrections Peer Education, Parole and Transitional Case Management programs to provide peer education, pre-release health education, and prevention case management for high-risk HIV-negative clients. Centerforce is currently organized in two state prisons: San Quentin and Central California Women's Facility at Chowchilla. Other state prisons are being evaluated as possible project sites.

Additionally in 2001, the OA was awarded federal funding to implement hepatitis B (HBV) and hepatitis C (HCV) screening and vaccination for this project in the San Francisco County jails. The project targets adults incarcerated in San Francisco jails who are at risk for HIV (those testing negative for HIV or not knowing their status) and/or viral hepatitis infection. Over 50,000 (30,000 unduplicated) arrestees

Corrections Initiative

In 2001, the OA continued funding for a cooperative agreement program for HIV prevention, intervention, and continuity of care within correctional settings and the community. The Corrections Initiative, implemented in 1999, supports demonstration projects that develop models of comprehensive surveillance, prevention, and health care activities for HIV, STDs, TB, substance abuse, and hepatitis. The Initiative focuses on transitional links for pre- and post-release HIV-positive inmates. The goals of the project are to:

- Promote awareness of HIV/STD/TB/hepatitis risk and utilization of HIV testing, STD/TB/hepatitis screening, and appropriate treatment;
- Initiate and sustain positive behavior change for pre- and post-release inmates with high-risk behaviors related to substance abuse and/or the transmission of HIV/STD/TB/hepatitis;
- Improve the health status of the target population by providing comprehensive educational and psychosocial services aimed at increasing access and use of HIV treatment therapies;
- Provide an intensive training program for service providers to ensure the provision of appropriate behavioral and clinical assessment, care, and evaluation;
- Improve the utilization of community health services by improving the transitional linkages between correctional facilities and community-based care;

are admitted into San Francisco jails annually. The incarcerated population is at significantly higher risk for contracting HBV and HCV than the general population. San Francisco County jails will provide multi-infection screening, counseling, testing, and health education, as well as HBV vaccination for inmates.

The evaluation of the Corrections Initiative includes the development of a data reporting protocol for both state and federal governments. The HIV Prevention Research and Evaluation Section of the OA, in collaboration with the UARP, is performing ongoing project data collection and evaluation.

Outreach Based HIV-Related Behavioral Surveillance

The Outreach Based HIV-Related Behavioral Surveillance project used existing HIV prevention programs to initiate contact with identified high-risk populations. Thirteen behavioral surveillance projects in 11 counties (Alameda, Fresno, Los Angeles, Marin, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Santa Clara, and Sonoma) were included. Five of the project sites focused on substance users, four on people of color, and two on sex industry workers and transgender individuals. Participants completed a standardized survey with site-specific questions. The project collected data on recent sexual behavior, factors that influence behavior changes, awareness of the availability of local HIV-related services, and the nature of social support networks. In 2001, data analyses continued for the project, including an exploration of the psychological underpinnings of risky decision making. The OA disseminated findings regarding behavioral trends and implications for future behavioral surveillance projects via conferences and contacts with interested researchers.

HIV Transmission Prevention Program (HTPP)

The HTPP is an OA collaborative demonstration project established in 1999 to provide more intensive, specialized transmission prevention and support. The HTPP has two distinct segments:

- 1) Interventions targeting HIV-negative, high-risk persons (funded through the CDC and coordinated by the HIV Education and Prevention Services Branch); and
- 2) Interventions targeting HIV-positive, high-risk persons (funded through the CDC and coordinated by the HIV Care Branch).

Although these two segments have differentiated protocols and interventions, they are closely coordinated in order to share information, expertise, and resources, and to facilitate participation of both HIV-positive and HIV-negative persons who are linked through family or other networks. (See the Care and Treatment chapter of this report for information on the HIV-positive component of this program.)

Six HIV counseling and testing jurisdictions (Humboldt, Butte, Riverside, Fresno, Long Beach, and Orange) were selected to participate in the HTPP for HIV-negative persons. The sites were selected based on their willingness to participate in the project, the number of high-risk clients in their catchment areas, a statewide geographic distribution, and client risk exposure (e.g., MSM and needle sharing).

Each HTPP site has a Risk Reduction Specialist(s) with professional training and appropriate experience, including a graduate degree in social work or psychology. The Risk Reduction Specialists use interventions that are primarily based on the CDC's prevention case management model.

ETR and Associates is evaluating the HTPP demonstration sites. The evaluation will measure the efficacy and utility of the program as well as explore client attitudes and opinions about the provided services.

Prevention Programs Targeting Latinos

The Latino population continues to be disproportionately affected by HIV. In 2001, the OA announced the availability of funds to LHJs, particularly those that subcontract with community-based organizations, for providing unique and innovative HIV/AIDS education, prevention, counseling, and/or testing services to the Latino population. Proposals could augment existing programs or fund new HIV prevention interventions to meet an underserved priority population. Funding was awarded to seven LHJs to work with nine community-based organizations in developing and implementing primary prevention interventions to Latinos. Contracts will begin January 1, 2002.

Multicultural Liaison Board

The Multicultural Liaison Board (MLB) promotes cultural awareness, makes policy recommendations, and advises the HIV Education and Prevention Services Branch on prioritizing HIV/AIDS education and prevention services to communities of color.

Education & Prevention

Currently, the MLB is composed of 12 members representing the African American, Asian/Pacific Islander, Latino, and Native American communities. Activities of the MLB include:

- Guiding programmatic development pertaining to implementing policies and programs for people of color; and
- Developing and disseminating “Frameworks for Action,” a guide to providing cultural and linguistic competent HIV prevention and care.

California AIDS Clearinghouse

In 2001, the OA used the California AIDS Clearinghouse as a repository and distribution resource center for HIV/AIDS

education, outreach, and program materials. The Clearinghouse produced a new 2001 Materials Collection catalogue that was sent to all OA-funded education and prevention programs. The Clearinghouse provides access to health education information services, technical assistance on communicating health education messages, as well as mini-grants awarded through a competitive Request for Proposals process for new HIV prevention materials development where identified gaps exist. An on-line version of the Clearinghouse’s HIV/AIDS Resource Directory is available through their web site: <http://www.HIVINFO.org>. The directory is a comprehensive guide to California HIV/AIDS education and prevention, HIV counseling and testing, and HIV care programs. It also provides local and national listings and contact information for statewide contractors, and technical assistance resources.